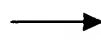


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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/611,856 (Reissue)
	Filing Date	July 7, 2000
	First Named Inventor	RIZZO
	Art Unit	2172
	Examiner Name	Shah, Hanjiv
	Attorney Docket Number	DRIZZO 3.0-001 RE

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

 A Power of Attorney or Authorization of Agent is submitted herewith.**OR** Please change the correspondence address for the above-identified application to: Customer Number


000530

OR

<input type="checkbox"/>	Firm or Individual Name	
--------------------------	-------------------------	--

Address

City

Country

Telephone

State

Zip

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	David Rizzo		
Signature			
Date	8/13/03	Telephone	516-677-6285

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

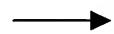
 *Total of 2 forms are submitted.

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<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State		Zip
Telephone	Fax		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Michael J. Custode		
Signature			
Date	8/18/03	Telephone	973-403-0450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.